BOARD OF SCIENTIFIC ADVISORS NCI LISTENS Q & AS

Based on most frequently asked questions from research community attending NCI Listens sessions at national meetings from 1997 to 2007.

GENERAL APPLICATION AND SUBMISSION TRAINING CLINICAL RESEARCH PEER REVIEW BUDGET OTHER TOPICS

GENERAL APPLICATION AND SUBMISSION

• Where can I find general information on the NIH grants process?

<u>Everything You Wanted to Know About the NCI</u> describes how a grant is awarded and administered.

NIH Office of Extramural Research provides information on <u>Grant Application Basics</u> and the <u>Grants Process Overview</u>.

NCI Extramural Funding Opportunities provides links to funding initiatives, applications, grant policies, and research resources.

Where do I find information on the electronic grant application process?

Go to the NIH Office of Extramural Research web page on the <u>Electronic Application Process</u> for information on how find a <u>Funding Opportunity Announcement (FOA)</u> and download an application. Information is also provided and the preparation and submission of electronic applications.

Are there mechanisms to support pilot projects?

Yes. The <u>small grant program</u> (R03) and the <u>exploratory/developmental program</u> (R21) both support pilot or feasibility studies that can be carried out in a short time (2 years or less) with limited resources.

The R03 grant mechanism supports different types of projects including pilot and feasibility studies; secondary analysis of existing data; small, self-contained research projects; and development of research methodology. Although NCI does not accept applications from the NIH R03 Parent announcement, a list of active R03 FOAs published by NCI can be found on the R03 web page.

The R21 mechanism is intended to encourage new, exploratory and developmental research projects by providing support for the early stages of their development.

Although NCI does not accept applications from the NIH R21 Parent announcement, a list of active R21 FOAs published by NCI can be found on the R01/R21 web page.

Does NCI support international research?

Yes. The NCI <u>Office of International Affairs</u> (OIA) coordinates the Institute's worldwide including coordination of cancer research activities under agreements between the US and other countries; planning and implementation of international scientist exchange programs; and sponsorship of international workshops. Go to <u>International Funding Opportunities</u> for additional information.

Foreign institutions and international organizations are also eligible to apply for research project grants, with the exception of Kirschstein-NRSA institutional research training grants, program project grants, center grants, resource grants, SBIR/STTR grants, or construction grants. Information on the grants process specific to foreign applicants is located on Foreign Grant Information.

Go to the <u>Fogarty International Center</u> for information on trans-NIH international programs and training opportunities.

How does an investigator state their interest in a dual assignment or cofunding in their grant application?

If your research proposal is relevant to more than one institute, you may request a primary assignment and one or more secondary assignments in your <u>cover letter</u>. To ensure your research is appropriate for assignment to NCI, contact the appropriate <u>NCI program director</u> prior to submission.

Dual assignment, or assignment to more than one institute, helps boost your funding chances by providing a backup. If the primary institute doesn't fund it, the secondary institute might or express interest in cofunding.

Are there special paylines for new investigators and early stage investigators?

Yes. NCI establishes a special payline for <u>new investigators</u> and <u>early stage</u> <u>investigators</u> (ESIs) that is normally 5 percentile points above the R01 payline. Examples of special paylines for new investigators set by NIH institutes are available on the NIH <u>New Investigators Program</u> web site. Go to the <u>NCI Funding Policy</u> web page for information on the current NCI funding policies.

In addition, new investigators and ESIs are more likely to be funded through "exception funding" as a new investigator. Contact the <u>program director</u> listed on your summary statement for more information.

What can NCI do to support integrated and cross-disciplinary research?

Electronic applications allow more than one <u>Principal Investigator</u> (PI) (see <u>Multiple Principal Investigators</u> web site) on individual research awards. This presents a new and important opportunity for investigators seeking support for projects or activities

that require a "team science" approach. Paper applications also may use multiple PIs when the funding opportunity announcement specifically allows them.

NCI supports <u>program project</u> grants and <u>specialized centers</u> focused on specific research areas that fund integrated and cross-disciplinary research. For examples, see the <u>Specialized Programs for Research Excellence</u> (SPORE), <u>Integrative Cancer Biology Program</u>, and the <u>Centers of Excellence in Cancer Communication</u> Research.

The <u>NIH Roadmap</u> provides the opportunity for major initiatives to address gaps in biomedical research that no single institute at NIH could tackle alone. Many of the new initiatives support integrated and crossdisciplinary research.

 Is NCI working on bioinformatics and methods to share data including data standards?

Yes. The NCI Center for Bioinformatics and Information Technology (CBIIT) lead the effort to provide tools and resources that enable information to be shared along the continuum from the scientific bench to the clinic. For example, one of the goals of the cancer Biomedical Informatics Grid (caBIG) is to develop new enabling tools and software systems to collect, analyze, and share data.

The <u>Cancer Therapy Evaluation Program</u> has led the effort to provide tools for participation in clinical trials, including the <u>Clinical Data Update System</u> (CDUS) and the Adverse Event Expedited Reporting System (AdEERS).

The Office of Biorepositories and Biospecimen Research has released the NCI Best Practices for Biospecimen Resources which provides guiding principles for the collection of biospecimens and related patient data.

 Does NCI support biomedical engineering and what initiatives are available for interdisciplinary research involving biomedical engineering?

Yes. NCI is an active partner in the <u>Biomedical Engineering Consortium</u> (BECON) which coordinates interdisciplinary activities across NIH in this area. A list of active initiatives and other resources is provided on their web site.

The NCI Office of Technology and Industrial Relations (OTIR) coordinates the NCI technology-driven initiatives in the areas of nanotechnology, proteomics, and cancer genomics. The Innovative Molecular Analysis Technologies Program supports initiatives on the development of novel technologies suitable for the molecular analysis of cancer, including biomedical engineering approaches.

For training, the Mentored Quantitative Research Career Development Award (K25) supports investigators, with quantitative scientific and engineering backgrounds outside of biology or medicine, who have made a commitment to focus their research on behavioral and biomedical research (basic or clinical).

TRAINING

 Where can I find more information about fellowships and training and career awards?

Go to the <u>NCI Training Career Development and Education</u> page or the Diversity Training Branch (DTB), <u>Center to Reduce Cancer Health Disparities</u> (CRCHD) for information on training and career development initiatives.

To identify the appropriate Program Contact for your area of interest, see the Cancer Training Branch's <u>Program Contact List</u>, the DTB, CRCHD <u>Program Contact List</u>, or contact the program director identified in the Program Announcement.

 What does NCI support for students and investigators from diverse groups, disadvantaged backgrounds, or with disabilities?

Information on training and career development for individuals from racially and ethnically diverse and medically underserved populations, including eligibility, is available on the CRCHD Training web site.

Administrative supplements to existing grants can be provided to investigators who are seeking to support the training of individuals from <u>underrepresented</u> diverse groups, disadvantaged backgrounds, or with disabilities. For more information, see Research Supplements to Promote Diversity in Health Care Research.

 What opportunities are available for oncology fellows to pursue in basic or translational careers?

The Ruth L. Kirschstein Individual National Research Service Award (NRSA) uses the F32 grant mechanism to support individuals with a doctoral degree (e.g., M.D., Ph.D., D.P.H.) for a three-year period of supervised research experience to achieve independence. The Ruth L. Kirschstein National Research Service Award Institutional Training Grant for T32 programs is also available.

The Mentored Clinical Scientist Development Award and Mentored Clinical Scientist Award to Promote Diversity use the NIH K08 grant mechanism to support individuals with a clinical doctoral degree for an intensive, supervised research career development experience in the fields of basic science, biomedical, behavioral, and/or translational research.

The <u>Pathway to Independence Award</u> (K99/R00) assists post-doctoral investigators pursuing a research career in the biomedical sciences in transitioning from a mentored postdoctoral position to a stable independent research position.

The NCI Transition Career Development Award and the NCI Transition Career Development Award to Promote Diversity uses the K22 grant mechanism to support protected time for clinicians, or equivalent, who are pursuing careers in basic science or in patient oriented research.

 What NCI support mechanisms exist for young investigators in the area of cancer prevention, control, behavioral, and population sciences research?

The NCI <u>Cancer Prevention</u>, <u>Control</u>, <u>Behavioral and Population Sciences Career Development Award</u> uses the developmental component of the K07 grant mechanisms to support career development of postdoctoral candidates or mentored junior faculty who are pursuing careers in cancer prevention, control, behavioral, and population sciences.

The NCI Mentored Career Development Award to Promote Diversity (K01) and the NCI Transition Career Development Award to Promote Diversity (K22) supports the career development of individuals from racially and ethnically diverse and medically underserved populations in the fields of cancer biology, etiology, pathogenesis, prevention, diagnosis, and/or treatment.

The NCI Transition Career Development Award and the NCI Transition Career Development Award to Promote Diversity uses the K22 grant mechanism to support protected time for newly independent investigators (e.g., Ph.D.s, DPHs, MD.s) to develop and receive support for their initial cancer-research programs in the prevention, control, behavioral, and population sciences.

The NIH <u>Established Investigator Award in Cancer Prevention, Control, Behavioral, and Population Sciences Research</u> uses the K05 grant mechanism to provide protected time to established investigators so that they can devote their time to conduct research and to mentor junior investigators.

For specific funding initiatives, go to Division of Cancer Prevention Funding and Grants or Division of Cancer Control and Population Sciences Funding Opportunities.

 What type of support is available to transition from postdoctoral positions to independent investigators?

The NCI Transition Career Development Award and the NCI Transition Career Development Award to Promote Diversity use the K22 grant mechanism to support "protected time" for newly independent investigators to develop and receive support for their initial cancer-research programs. This award is intended to facilitate the transition of investigators from the mentored to the independent stage of their careers. It applies to clinicians (e.g., M.D.s and Doctoral level Oncology Nurses) who are pursuing basic science careers; clinicians who are pursuing careers in patient-oriented research; and individuals (e.g., Ph.D.s, DPHs, MD.s) pursuing careers in the prevention, control and population sciences.

The <u>Pathway to Independence Award</u> (K99/R00) provides up to five years of support, divided into two phases. Phase I provides one to two years of mentored support under a K99 mechanism. Phase II provides up to three years of independent research support under an R00 mechanism.

• What NCI Career Development Awards exist for physician scientists interested in patient oriented or clinical research?

For the purpose of this question, the term "physician scientists" includes clinicians pursuing careers in laboratory-based basic science as well as patient-oriented research. Additionally, the term "clinical research" is research in which the identity of the patients or the identity of the patients from whom cells or tissues under study are obtained is known. Finally, patient-oriented research is research conducted with human subjects (or on material of human origin) for which an investigator (or colleague) interacts directly with human subjects.

The NIH Mentored Patient-Oriented Research Career Development Award and the NCI Mentored Patient-Oriented Research Career Development Award to Promote Diversity use the K23 grant mechanism to support the career development of clinically trained professionals who have made a commitment to focus on patient-oriented research.

The NIH Mentored Clinical Scientist Development Award and NCI Mentored Clinical Scientist Award to Promote Diversity Award use the NIH K08 grant mechanism to support individuals with clinical doctoral degrees who have made a commitment to focus on laboratory-based basic science, biomedical, behavioral, and/ or translational research.

The NCI Mentored Career Development Award to Promote Diversity uses the NIH K01 grant mechanism to support the career development of individuals with a doctoral degree in the fields of cancer biology, etiology, pathogenesis, prevention, diagnosis, and/or treatment. Applicants for this award are limited to individuals from racial and ethnic minority groups; or with disabilities; or from disadvantaged backgrounds.

The NCI Transition Career Development Award and the NCI Transition Career Development Award to Promote Diversity use the NIH K22 grant mechanism to support protected time for newly independent physician scientists who are pursuing basic science or patient oriented research careers to develop their first independent research program.

The NIH <u>Mid-career Award in Patient-Oriented Research</u> uses the NIH K24 grant mechanism to provide mid career clinical investigators with protected time (1) for patient-oriented research and (2) to act as mentors for junior clinical investigators.

The NCI <u>Paul Calabresi Career Development Award For Clinical Oncology</u> used the K12 grant mechanism to support a research career development experience for medical doctors and basic science researchers in the design, development, and implementation of hypothesis-based therapeutic cancer clinical trials.

Does NCI provide support for cancer education?

Yes. The NCI Cancer Education and Career Development Program (R25T) supports the development and implementation of curriculum-dependent programs to train predoctoral and postdoctoral candidates. The NCI Cancer Education Grant Program (R25E) provides funding for the development of cancer education programs and cancer research dissemination projects that can be completed within five years.

Are all training mechanisms restricted to U.S. citizens or VISA holders?

Yes, with one exception: the <u>Pathway to Independence Award</u> (K99/R00). Otherwise, you must be a U.S. citizen, a noncitizen national, or a permanent resident with a valid <u>Alien Registration Receipt Card</u> (a "green card") at the time of award.

CLINICAL RESEARCH

• Is there a source for information on the preparation of clinical research grant applications?

The Center for Scientific Review (CSR) has developed a web site for <u>Advice to Investigators Submitting Clinical Research Applications</u>. The web site also contains links to policies and institute contacts.

See Conducting Clinical Trials for links to NCI clinical trials resources.

Are there special initiatives to support clinical trials research?

Yes. See NCI Extramural Funding Opportunities for all initiatives. Specific initiatives to support clinical trials include Quick Trials for Novel Cancer Therapy and Prevention (R21) and Correlative Studies with Specimens from Multi-site Trials (R01)

 What resources and programs are available to assist clinicians in carrying out drug development and clinical research?

The <u>Cancer Therapy Evaluation Program</u> (CTEP) provides access to a wide variety of resources, including Clinical Investigator forms and electronic applications for the standardization of trial data collection and reporting, including common toxicity criteria and common data elements. The <u>Investigator's Handbook</u> provides information on the policies and procedures for participants in clinical trials of investigational agents sponsored by NCI. The <u>Clinical Trials Support Unit</u> (CTSU) allows physicians who are not affiliated with a cooperative group to enroll patients on NCI sponsored clinical trials.

The <u>NCI Experimental Therapeutics (NExT)</u> Program supports drug discovery and development projects from preclinical development of an agent with a specific target through proof of concept clinical trials.

Contact the <u>Division of Cancer Prevention</u> for information on prevention clinical trials. Contact the <u>Division of Cancer Control and Population Sciences</u> for information on behavior, clinical epidemiology and genetics, survivorship, and outcomes research.

The <u>Cancer Biomedical Informatics Grid (caBIG™)</u> is developing a comprehensive set of clinical trials management tools including an adverse event reporting module, a clinical trials participant registry, a clinical data exchange system and a patient study calendar.

Visit the NCI Clinical Trials web site for information on NCI sponsored clinical trials, clinical trial results, and education materials.

 How can primary care physicians become involved in primary and secondary prevention studies?

The <u>Community Clinical Oncology Program</u> (CCOP) supports a network linking academic institutions with community medical practitioners for conducting cancer prevention and treatment clinical trials. Primary care physicians are encouraged to become involved with their local CCOP program.

The <u>National Cancer Institute Community Cancer Centers Program</u> (NCCCP) is designed to encourage the collaboration of private-practice medical, surgical, and radiation oncologists with NCI supported cancer centers to provide state of the art cancer care and prevention.

 Should the NCI support the development of clinical trial management tools that would allow researchers to access and use data to consider individual treatment, new trial designs, etc.?

This issue was addressed in the Clinical Trials Working Group report published in 2005. In response to the report, the Cancer Biomedical Informatics Grid (caBIG™) is developing a comprehensive set of modular, interoperable and standards-based tools designed to meet clinical trials management needs. Examples of these tools include an adverse event reporting module, a clinical trials participant registry, a patient study calendar, and a lab information exchange module and may be viewed at the Clinical Trials Management Systems (CTMS) Workspace. In addition, the Coordinating Center for Clinical Trials is leading the effort to establish a comprehensive database containing information on all NCI-funded clinical trials to facilitate better planning and management across clinical trial venues.

 Since physicians are not aware of many clinical trials, are there marketing tools to assist physicians and patients?

The NCI <u>Clinical Trials</u> web site provides information on clinical trials, trial results, and education materials. The <u>PDQ</u> (Physician Data Query) is NCI's comprehensive cancer database on active clinical trials and includes peer-reviewed summaries. Clinical trials information on all NIH sponsored clinical trials can be accessed through the web site, <u>clinicaltrials.gov</u>.

The Cancer Information Service (CIS) educates the public about <u>cancer prevention</u>, <u>risk factors</u>, <u>symptoms</u>, <u>diagnosis</u>, treatment, and research. Fact Sheets are available at the <u>CIS web site</u> and cancer information specialists will answer questions at 1-800-4-CANCER. See the <u>NCI Publications Locator</u> to view and order NCI publications.

The <u>Clinical Trial Education Series</u> (CTES) is a group of thirteen different educational materials (books, booklets, slides, videos) to target education and outreach for health professionals and patients.

The <u>Cancer Biomedical Informatics Grid (caBIG™)</u> is developing a comprehensive set of clinical trials management tools including an adverse event reporting module,

a clinical trials participant registry, a clinical data exchange system and a patient study calendar.

Are NCI supported human specimen banks available to investigators?

Yes. The <u>Specimen Resource Locator</u> is a database to help researchers locate human specimens (tissue, serum, DNA/RNA, other specimens) for cancer research. It includes tissue banks and tissue procurement systems with access to normal, benign precancerous and cancerous human tissue from a variety of organs.

In addition, the Office of Biorepositories and Biospecimen Research (OBBR) was established in 2005 to guide, coordinate, and develop the NCl's biospecimen resources and capabilities. OBBR activities include, establishment of the Biospecimen Research Network and the Biospecimen Research Database, development of NCl Best Practices for Biospecimen Resources, and sponsoring a series of Biospeciman Best Practices Forums.

The <u>Cancer Biomedical Informatics Grid (caBIG™)</u> has developed tissue bank repository tools and supports the <u>Shared Biospecimen Data Directory</u>.

Contact staff in the <u>Office of Biorepositories and Biospecimen Research</u> or <u>Cancer Diagnosis Program</u> for more information.

How do patient advocates participate in NCI's research activities and programs?

The NCI has established the Consumer Advocates in Research and Related Activities (CARRA) program within the Office of Advocacy Relations (OAR). The CARRA program was created to integrate the perspective of people affected by cancer into a wide range of NCI's programs and activities, including peer review of clinical research. See CARRA web page for more information.

 Is there a nomination process for the Clinical Trials and Translational Research Advisory Committee (CTAC) membership? How is this committee being constituted?

There is not a nomination process. The CTAC includes current member from the major NCI boards/committees and representatives from the appropriate clinical and scientific areas. See CTAC web site for meeting schedule, minutes, and membership: http://deainfo.nci.nih.gov/advisory/ctac/ctac.htm

PEER REVIEW

Where can you find basic information about peer review?

See <u>Grant Application Basics</u> and the <u>Peer Review Process</u> for information.

The Center for Scientific Review also provides an overview on the <u>Peer Review Process</u> including a video of a study section meeting. <u>Guidelines for Reviewers</u>

provides important information on the review criteria for grant applications including guidelines for human subjects research and specific grant mechanisms.

How do you determine the best study section for your application?

On the NIH <u>Center for Scientific Review</u> (CSR) Web site, go to <u>CSR Study Section</u> <u>Roster Index</u> to find descriptions of the research areas for each study section and the study section membership. This information can help you determine the appropriate study section. In many cases, there may be more than one study section suitable for your grant application. It is highly recommended that you contact your <u>NCI program director</u> or the study section <u>Scientific Review Officer</u> who can assist you in determining the best study section.

To request a specific study section and institute assignment, include the information in your cover letter.

• Is there a way to shorten the review process so that investigators can receive the review outcome and resubmit more rapidly?

Beginning with the September/October 2007 study section meetings, new investigators now have the option of submitting a resubmission/amended R01 application for consecutive review cycles, saving four months. The summary statements for qualifying applications will have an explicit note indicating eligibility for next cycle submission. See NOT-OD-07-083 for more information.

 How does NIH ensure that peer review panels have the appropriate expertise and experience and how can I ensure that my application gets an appropriate review?

Peer review is conducted by panels of reviewers with broad expertise. These panels may include some ad hoc review members with expertise in relevant areas of science. However, it is impossible to have experts in each grant application's specific research area on study sections that review up to 120 applications. If you feel the assigned study section does not have the appropriate expertise, contact the Scientific Review Officer (SRO) to discuss the general areas of expertise needed. You may also include this information in a cover letter.

One of the <u>Enhancing Peer Review at NIH</u> recommendations that have been instituted is the clustering of new investigator and clinical applications in study sections.

What is being done to recruit senior and experienced peer reviewers?

<u>Scientific Review Officers</u> strive to recruit senior and experienced peer reviewers whenever possible. The majority of reviewers serving on CSR study sections are successful peer reviewed investigators at the Associate Professor level or above. A description of "<u>How Scientists are Selected for Study Section Service</u>" is provided on the CSR web site. Training committees or ad hoc committees organized to review specific initiatives, such as <u>RFAs</u>, may have junior investigators if the scientific area is a narrow research field and many of the senior experts have applied.

NIH is striving to recruit experienced reviewers and improve reviewer retention by providing reviewers more flexibility regarding their tour of duty, and by instituting a continuous R01 applications submission process for members of standing study sections (NOT-OD-08-026) and reviewers with recent substantial service (NOT-OD-09-155). See the web site for more information on recommendations for recruiting the best reviewers.

How can participation in peer review be increased?

To address this problem and others, the NIH Director called upon leaders from across the scientific community and NIH to join a trans-NIH effort to examine the two-level NIH peer review system with the goal of optimizing its efficiency and effectiveness. Information on their recommendations is available on the NIH web site, Enhancing Peer Review. New policies include the expanded use of teleconferences and virtual reviews. Standing study section members are now offered the option of serving a four-year (three meetings a year) or six-year (two meetings a year) term.

In addition, NIH has implemented an alternate plan for submission and review of research grant applications from appointed members of chartered CSR study sections and reviewers with recent substantial service in order to recognize their outstanding service and to minimize disincentives to study section service. See NOT-OD-08-026 for more information.

 Summary statements do not clearly reflect the peer review discussion and review of resubmissions often focuses on new concerns rather than the previous critique.

In summary statements that are scored, a summary of discussion is included prior to the individual reviewer critiques to reflect the peer review discussion at the study section meeting. For resubmitted (amended) applications, new reviewers in addition to previous reviewers are usually assigned. They are instructed to review whether previous concerns have been addressed as well as comment on any new concerns. Contact your <u>program director</u> to discuss how to best respond to your summary statement.

 There is concern that innovation in research is not adequately emphasized in peer review.

The NIH Common Fund (formerly Roadmap) has created new high risk research programs to encourage innovation such as the <u>NIH Director's Pioneer Award</u>, <u>NIH Director's New Innovator Award</u>, and the <u>Transformative R01 Program</u>.

In addition, many of the recommendations of the NIH report on "Enhancing Peer Review at NIH" encourage reviewers to emphasize innovation rather than methodology in their reviews. See the NIH web site, Enhancing Peer Review, for more information and a timeline for implementation.

How does the appeals process actually function?

NIH has a formal process to resolve disagreements between applicants and NIH review committees and/or NIH staff concerning the referral (assignment) and review of applications. Note that disagreements are not necessarily grounds for appeal. The NIH appeals policy and process is described in the NIH Guide for Grants and Contracts.

Before beginning the appeals process, the applicant is strongly advised to speak with the NCI <u>program director</u> responsible for the application. The program director can explain the options and their consequences and is often in a position to help the applicant understand the study section's recommendation. Appeal letters should be submitted to the NCI <u>program director</u>. NCI will make the appeal letter together with the staff recommendation available to the <u>National Cancer Advisory Board</u> for the second level of review.

Can administrative cuts be appealed? Is there a process for restoration of administrative cuts?

Administrative cuts can not be appealed. If you find that you are unable to perform the research included in your grant application due to substantial administrative cuts, contact your <u>program director</u>. The work scope of your research grant may be renegotiated or an administrative supplement may be considered in unusual circumstances.

BUDGET

What is the NCI Bypass Budget?

Each year, as mandated by the National Cancer Act of 1971 (P.L. 92-218), the NCI prepares the NCI Bypass Budget which describes continuing and new activities that take advantage of new discoveries and opportunities and maximize the use of NCI resources. This annual plan and budget proposal is provided directly to the President of the United States for formulating the budget request to Congress.

How are funding decisions made?

Funding decisions are based on the paylines set by the NCI Scientific Program Leaders (SPL) committee for the various grant mechanisms. In addition, NCI establishes a special R01 paylines for new investigators. "Exception funding" may be available for grant applications that are close to the payline. Contact the program director listed on your summary statement for more information on "exception funding" or resubmitting your grant application. Paylines for Request for Applications (RFA) are determined by the set aside of funds available and the quality of the grant applications.

 How are funding decisions made for applications submitted in response to program announcements? The payline for R01 applications in response to PAs is no different than if they are submitted in response to the parent announcement. However, if the application is close to the payline, it may be eligible for funding by exception. Contact the <u>program director</u> listed on your summary statement for more information on "exception funding".

• Where is information available on the funding level in specific disease or research areas?

NCI reports how appropriated funds are spent in a number of different categories or classifications including specific cancer sites, cancer types, diseases related to cancer, as well as types of research mechanisms. See the NCI Fact Book for information on funding of disease categories as well as funding and success rates for grant mechanisms.

The NCI Funded Research Portfolio provides access to various NCI budget reports associated with research funding by research categories. It also provides the ability to search the database in various ways including a text search of the project abstract and a search of the NIH research categories that are assigned to the projects by extramural and intramural groups.

Where can I find information on paylines and funding policies for NCI?

Information on the current payline for <u>R01</u> applications and funding policies for <u>competing</u> and <u>non-competing</u> applications is available on the <u>NCI Funding Policy</u> web page.

Information on NIH grant policies and other policy resources is available on the Grants Policy and Guidance web page.

 Where is information available on success rates, including new investigator success rates?

See the NCI Fact Book for information on funding of disease categories as well as funding and success rates for grant mechanisms. The Research Portfolio Online Reporting Tools (RePORT) web site provides information on NIH success rates by institute, grant mechanism, medical school, application type, and other categories. RePORT also provides information on new investigator success rates and training and career development success rates.

OTHER TOPICS

 What products and services from the intramural program and NCI-Frederick are accessible to extramural investigators?

Many NCI resources are available to extramural investigators including screening and production of compounds, animal resources, genomic resources, and scientific computing resources. See NCI Research Resources for more information.

What is the NIH Common Fund? How are these initiatives being coordinated and reviewed?

The NIH Common Fund is an effort to transform the nation's medical research capabilities and speed the movement of research discoveries from the bench to the bedside. The Common Fund supports the series of transformative programs that were established under the NIH Roadmap for Medical Research, as well as other non-Roadmap activities. Programs include the NIH Director's Pioneer awards, New Innovator awards, and Transformative R01 Program. For complete information, visit the Common Fund site.

The <u>Division of Program Coordination</u>, <u>Planning and Strategic Initiatives</u> (DPCPSI) is responsible for managing the process by which trans-NIH initiatives are prioritized for consideration and evaluation by both outside advisors and NIH leadership.

Who is the point of contact for nominations for Boards or review committees?

Contact the Director, Division of Extramural Activities, NCI, if you are interested in volunteering for NCI peer review committees or councils. For CSR peer review committees, go to "How to Become a CSR Reviewer" for information on reviewer qualifications and CSR nomination process.